APPLICATION DATA SHEET

APPLICATION INFORMATION

1

REGULAR Application Type:: UTILITY Subject Matter:: NONE

BRACHYTHERAPY APPARATUS AND CD-ROM or CD-R?:: Title::

METHODS OF USING SAME

312.00010101

Attorney Docket Number:: 1 Suggested Drawing Figure:: 16 **Total Drawing Sheets::** YES Small Entity?::

INVENTOR INFORMATION

INVENTOR **Applicant Authority Type::**

United States of America Primary Citizenship Country::

FULL CAPACITY

Status:: Gail Given Name:: S.

Middle Name:: **LEBOVIC**

Family Name:: Santa Monica City of Residence:: California

State or Province of Residence::

United States of America Country of Residence:: 201 Ocean Avenue, No. 406P Street of Mailing Address:: Santa Monica

City of Mailing Address:: California State or Province of Mailing Address::

United States of America Country of Mailing Address::

90402 Postal or Zip Code of Mailing Address::

INVENTOR Applicant Authority Type::

United States of America Primary Citizenship Country::

FULL CAPACITY

Status:: George Given Name::

D.

Middle Name:: **HERMANN** Family Name:: **Anchorage** City of Residence:: Alaska

State or Province of Residence::

United States of America Country of Residence::

Street of Mailing Address::

2460 Sentry Drive, No. 4

City of Mailing Address::

Anchorage

State or Province of Mailing Address::

Alaska

Country of Mailing Address::

United States of America

Postal or Zip Code of Mailing Address::

99507

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

26813

REPRESENTATIVE INFORMATION

Representative Customer Number::

26813

	Parent Application	Parent Filing Date:: 09/10/02
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